### **Application Data Sheet**

#### **Application Information**

Application number:: Unassigned

Filing Date:: 11/28/01

Application Type:: Regular

Subject Matter:: Utility

Title:: ENDOSCOPIC BEATING-HEART STABILIZER

AND VESSEL OCCLUSION FASTENER

Attorney Docket Number:: 017516-002580US

Request for Early Publication:: No

Request for Non-Publication:: No

Total Drawing Sheets:: 45

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: CHRISTOPHER

Middle Name:: A.

Family Name:: JULIAN

City of Residence:: Los Gatos

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 546 Woodland Ridge

City of Mailing Address:: Los Gatos

State or Province of mailing address:: CA

Country of mailing address:: USA

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Postal or Zip Code of mailing address:: 95033

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: MICHAEL

Family Name:: IKEDA

City of Residence:: San Jose

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 4930 Elmwood Drive

City of Mailing Address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 95130

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: ANDRIS

Middle Name:: D.

Family Name:: RAMANS

City of Residence:: Mountain View

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 585 Tahoe Terrace

City of Mailing Address:: Mountain View

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: DEAN

Middle Name:: F.

Family Name:: HOORNAERT

City of Residence:: Mountain View

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1945 Latham Street, #11

City of Mailing Address:: Mountain View

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: MARGARET

Middle Name:: M.

Family Name:: ISAAC

City of Residence:: Redwood City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2101 Jefferson Avenue

City of Mailing Address:: Redwood City

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 94062

**Correspondence Information** 

Correspondence Customer Number:: 20350

# **Representative Information**

Representative Customer Number:: 20350

# **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This application Claims priority from:: 60/253,484 11/28/2000

claims priority from:: 60/285,641 04/19/2001

claims priority from:: 60/290,556 05/10/2001

claims benefit from:: 09/436,524 11/09/1999

### **Assignee Information**

Assignee Name:: Intuitive Surgical, Inc.

Street of mailing address:: 1340 West Middlefield Road

City of mailing address:: Mountain View

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 94043

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